

DOUGLAS POLICE DEPARTMENT

Public Records Request Form



It is the goal of the Douglas Police Department to provide the public with access to all public records that are not exempt by law. This Request Form has been created to assist you in receiving the specific records you are seeking. Please be advised that your records request can be made in person, by phone, by mail, or by email. All requests must be submitted to the Department's Record Access Officer listed below. Upon receipt, your request will be reviewed, and you will receive a response within 10 business days.

Records Access Officer:

Chief Nick L. Miglionico Douglas Police Department P.O. Box 244, 29 Depot Street Douglas, Massachusetts 01516 508-476-2709 ext. 115

email: nmigs@douglasma.org

Date Requested:	<u></u>
Requesting Party's Information:	
Name:	Phone: () –
Address:	Email:
Town / State / Zip:	
Records Requested:	
Date of Incident: Name of	of Involved:
Nature of Incident:	
Type of Record requested: Accident	Report Arrest Report Incident Report
Method of Delivery: Email (no charge	e) U.S. Mail Pick-up when ready
charged 5 cents per page for pick-up when r	nts per page for U.S. Mail delivery. Requests will be ready. Please be advised that additional fees may apply e, you will be supplied with a good faith estimate prior to